06-011377

HARI T COUNTY HEALTH DEPARTM

Nº 17778

IMPROVEMENT PERMI

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." Name: (owner) Kathy Burgess New Installation Septic Tank Property Location: SR# ☐ Repairs Nitrification Line Rolling Mill &d. Subdivision _____ Lot #__/& Tax ID #____ Quadrant # Number of Bedrooms Proposed: _ _____ Lot Size:__ Basement with Plumbing: Garage: Water Supply: ☐ Well Public Public ☐ Community Distance From Well: ____ 50 min ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. MOther Pomo to Conventional Type of system: ☐ Conventional Septic Tank: _____ gallons Size of tank: Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of of each ditch / of ft. ditches Drainage Field ditches_ ft. ditches 6-20 in. French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 370 3BR 15 90

* Mintain set backs Road. * Runlines on contour

* Contractor to meet on site prior himsfulling system

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change. Owner or Authorized Agent _____ Name: Kuthy Burgess Telephone # 893-3238 Address: P.O. Box 61 Don level . J. C. 28323 Property Location: SR # 1401 Road Name Lilling Mill New Installation Repair Septic Tank Nitrification Lines Subdivision Noll food Lot # 12 Number of Bedrooms Proposed: ______ Lot size: _____ Basement ____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: __ 50 ft. Type of System: Conventional ____ Other Part Land Tank Volume: Septic Tank / gallons Pump Chamber / co o gallons **Nitrification Field Specifications** Number of fields __/ Number of Lines per Field __ 4 Length of lines __/off. Width of ditches _____ ft. Depth of ditches ____ inches French Drain: Linear feet required _____ Depth of gravel ____ No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued. Authorized Agent for Harnett County Health Department Name: My M. Links. Date: 5/5/2000

(Revised 2/96) CNSTRCT. WPD